

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: _____		2 Serial/Patent # <u>10/520093</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
<input checked="" type="checkbox"/>	Filing	1	1-4-05	\$ 100							
<input type="checkbox"/>	Amendment			\$							
<input type="checkbox"/>	Extension of Time			\$							
<input type="checkbox"/>	Notice of Appeal/Appeal			\$							
<input type="checkbox"/>	Petition			\$							
<input type="checkbox"/>	Issue			\$							
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$							
<input type="checkbox"/>	Maintenance			\$							
<input type="checkbox"/>	Assignment			\$							
<input type="checkbox"/>	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 100							
		8 TO BE REFUNDED BY:									
		<input type="checkbox"/> Treasury Check									
		<input checked="" type="checkbox"/> Credit Deposit A/C #:									
		9 <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">5</td> <td style="width: 20px;">0</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">9</td> <td style="width: 20px;">5</td> <td style="width: 20px;">1</td> </tr> </table>			5	0	--	2	9	5	1
5	0	--	2	9	5	1					
10 REASON:											
<input checked="" type="checkbox"/>	Overpayment										
<input type="checkbox"/>	Duplicate Payment										
<input type="checkbox"/>	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>paralegal</u>									
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>									
OFFICE: <u>PCT</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: _____		DATE: _____									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: